## Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	04/18/2011	Address:	122 N. O & M AVE.
Case #:	42F3221 <u>6</u>		NORTH VERNON, IN.
County:	<u>JENNINGS</u>		
Type of La	lboratory Seizure (check one)	Seizure Location (	check all that apply)
Operation Chemic		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply)    Lithium/Ammonia Reaction(s): IN TRASH			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium): IN TRASH			
Anhydrous Ammonia:			
Corrosive Acid:			
Corrosive Base: <u>IN TRASH</u>			
Other (item and location):			
Yes No Childre Living con Estimated	er age 18 discovered (check appropriation) (number present)  n not present but evidence they reside ditions of home: clean disarrate clength of time manufacturing had been Information:	or visit often y  unclean	
This repor	t has been faxed* to the following a	gencies that serve t	<u>he location</u> :
Health Dep	tment: <u>NORTH VERNON FIRE</u> partment: <u>JENNINGS CO.</u> at of Child Services: <u>N/A</u>	Fax: <u>812-</u> Fax: <u>812-</u> Fax: <u>N/A</u>	352-3030
For further Investigati	information regarding this methampling Officer: TROOPER MARTIN A. I	netamine laboratory, <u>MEAD</u> Phone <u>812-</u>	contact 689-5000

\* This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.